



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Smith, *et al.* Docket No.: 2001 P 11900 US01  
Serial No.: 10/786,996 Art Unit: 1746  
Filed: February 25, 2004 Examiner: Markoff, Alexander  
For: Method of Removing PECVD Residues of Fluorinated Plasma Using In-Situ H<sub>2</sub> Plasma

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### INFORMATION DISCLOSURE STATEMENT

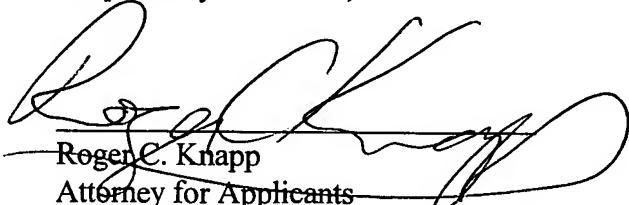
Applicants wish to bring to the attention of the Patent and Trademark Office the information noted on the enclosed form PTO/SB/08B that may be considered material to the examination of the above-identified application.

This Information Disclosure Statement is submitted under 37 C.F.R. §1.97(c) together with a \$180.00 fee under 37 C.F.R. §1.17(p) after the C.F.R. §1.97(b) time period, but before final action or notice of allowance, whichever occurs first. Please charge the required fee of \$180.00 and any additional amount, or credit any overpayment to Deposit Acct. No 50-1065 of the below mentioned firm. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

  
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Approved for use through 06/30/2006. OMB 0651-0031

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Substitute for form 1449B/PTO

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Substitute for form 1449B/PTO				<b>Complete if Known</b>	
				<i>Application Number</i>	10/786,996
				<i>Filing Date</i>	February 25, 2004
				<i>First Named Inventor</i>	Smith, et al.
				<i>Art Unit</i>	1746
				<i>Examiner Name</i>	Markoff, Alexander
(Use as many sheets as necessary)					
Sheet	1	of	1	<i>Attorney Docket Number</i>	2001 P 11900 US01

## NON-PATENT LITERATURE DOCUMENTS

<b>Examiner Signature</b>		<b>Date Considered</b>	
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**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.**

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